

CLAIMS ONLY.

Application Number

10/16/2016 639

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2						
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11						
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14	1		1			
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48						
49						
50						
Total Indep	2		2			
Total Depend	22		22			
Total Claims	24		24			